

## CLAIMS ONLY

Application Number  
10/1500596

Filing Date

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1	/							
2	w							
3	w							
4	w							
5	w							
6	w							
7	/							
8	/							
9	/							
10	/							
11	w							
12	/							
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14	/							
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50								
Total Indep	3							
Total Depend	125							
Total Claims	15							